IPDR6702				NORTH CAROLINA		PAGE:	1	
	: 12/19/2005			CHECKWRITE SUMMARY REPORT				
				CKWRITE DATE: 12/22/2005 FINANCIAL PAYER: NCDMH				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER NUMBER	PROVIDER NAME		UMBER OF DENIALS	DESCRIPTION	TNC	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS
	PROVIDER WANE				DENTALS	DENTALS	FINALIZED	FAID
3404901	SMOKY MOUNTAINM	8505 5		CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		0 0			0	5	5	-
3404904	WESTERN HIGHLAN	11 1	2	CLIENT NOT ELIGIBLE ON SERVICE				
	DS LME			DATE				
		8505 4		CLAIM DENIED DUE TO INSUFFICIE	0	18	60	4:
				NT BUDGET				
		8800 2		FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404910	PATHWAYS	8535 2	89	SERVICE FACILITY LOCATION WAS				
				NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
		+		LEADER ADDITION CHAIR WIT	+			
		8505 1	63	CLAIM DENIED DUE TO INSUFFICIE	2	855	7175	6293
				NT BUDGET				
		8599 1	54	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT FACRAGE.				
3404912	CATAWBA COUNTYM	11 2	7	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8599 9		DETAIL NOT COVERED BY COMBINAT	8	48	633	585
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII PACKAGE.				
		8931 6	i	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404913	MECKLENBURG COM	21 7	01	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		8599 4	9	DETAIL NOT COVERED BY COMBINAT	37	824	880	56
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		10 3	7	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
				SILONOSIS, FROCEBORE CODE FOR				
3404916	CROSSROADS BEHA	8599 1	476	DETAIL NOT COVERED BY COMBINAT				
	VIORAL HEAL			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT FACRAGE.				
		21 1	00	DUPLICATE OF CLAIM-SYSTEM	3	1796	13510	11714
				1	1			
		8518 6	1	CLAIM DENIED, SUBMITTED BEYOND				
		8518 6	1	FILING TIMELIMIT. PRIOR				
		8518 6	1					
3404917	CENTERPOINT HUM		20	FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT				
3404917	CENTERPOINT HUM AN SERVICES			FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404917				FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT				
3404917		8599 2		FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 60 RESIDENTIAL LEVEL III TREAT	27	603	4386	3783
3404917		8599 2	20	FILING TIMELIMIT. PRIOR FISCAL YEAR DOS YOUNG DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED	27	603	4386	3783
3404917		8599 2	20	FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 60 RESIDENTIAL LEVEL III TREAT	27	603	4386	3783
3404917		8599 2 8621 1	20	FILING TIMELIMIT. PRIOR FISCAL YEAR DOS YOUNG DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED	27	603	4386	3783
3404917		8599 2	15	FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR	27	603	4386	378:
3404917		8599 2	15	FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLAIM DENIED, SUBMITTED BEYOND	27	603	4386	378:
3404917		8599 2	15	FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR	27	603	4386	378
	AN SERVICES	8599 2	15	FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	27	603	4386	378:
	AN SERVICES ROCKINGHAM CO M	8599 2	15	FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	27	603	4386	3783
	AN SERVICES ROCKINGHAM CO M	8599 2	15	FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	27	603	4386	3783

		HTOH DENTS	NUMBER OF				TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8518	369	CLAIM DENIED, SUBMITTED BEYOND				
3404323	TAL HEALTHC			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	367	DETAIL NOT COVERED BY COMBINAT	38	1189	11637	10448
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	181	DUPLICATE OF CLAIM-SYSTEM				
3404920		0505	2511	ATATA DENTED DUE NO TAQUESTATE				
3404920	ALAMANCE CASWEL	8505	2311	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	L AREA MH D							
		8599	430	DETAIL NOT COVERED BY COMBINAT	34	3256	6167	2911
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		79	131	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404921	ORANGE PERSON C	5312	3045	PRIOR AUTHORIZED DOLLARS EXCEE				
	HATHAM AREA			DED				
						 		
		8505	183	CLAIM DENIED DUE TO INSUFFICIE	16	3700	6957	3257
		+		NT BUDGET	16	3700	6957	3257
		8599	164	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
3404922	THE DURHAM CENT	21	17024	DUPLICATE OF CLAIM-SYSTEM				
	ER							
		8329	5693	CLAIM DENIED ATTENDING PROVIDE	0	30287	42582	12295
				R CANNOT BE THE SAME AS THE LMA				
				I'IE LPIA				
		8535	4869	SERVICE FACILITY LOCATION WAS				
				NOT INCLUDED IN YOUR 837.				
				PLEASE RESUBMIT YOUR CLAIM WIT				
3404923								
	FIVE COUNTY MH	8599	178	DETAIL NOT COVERED BY COMBINAT				
	FIVE COUNTY MH	8599	178	ION OF RECIPIENT, PROVIDER AND				
	FIVE COUNTY MH	8599	178					
	FIVE COUNTY MH	8599 8329	178	ION OF RECIPIENT, PROVIDER AND	3	713	3893	3180
	FIVE COUNTY MH			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	713	3893	3180
	FIVE COUNTY MH			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE	3	713	3893	3180
	FIVE COUNTY MH	8329	123	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	3	713	3893	3180
	FIVE COUNTY MH			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA THIS SERVICE IS NOT PAYABLE TO	3	713	3893	3180
	FIVE COUNTY MH	8329	123	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	3	713	3893	3180
	FIVE COUNTY MH	8329	123	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA THIS SERVICE IS NOT PAYABLE TO	3	713	3893	3180
3404925		8329	123	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	3	713	3893	3180
3404925	FIVE COUNTY MH SANDHILLS CENTE R FOR NH/DD	8329	123	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	3	713	3893	3180
3404925	SANDHILLS CENTE	8329	123	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT	3	713	3893	3180
3404925	SANDHILLS CENTE	79 8599	123	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA THE LMA THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3			
3404925	SANDHILLS CENTE	8329	123	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N	68			
3404925	SANDHILLS CENTE	79 8599	123	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM BENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LWA THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING	3			
3404925	SANDHILLS CENTE	79 8599	123	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N	68			
3404925	SANDHILLS CENTE	79 8599	123	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM BENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LWA THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING	68			
3404925	SANDHILLS CENTE	8329 79 8599	123	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM BENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PREASE VERIFY THE F CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR	68			
3404925	SANDHILLS CENTE	8329 79 8599	123	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM BENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, PLEASE VERIFY THE F CLAIM DENIED, SUBMITTED BEYOND	68			
	SANDHILLS CENTE R FOR MH/DD	8329 79 8599 8534	123 111 317 316	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM BENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SEMEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, PLEASE VERIFY THE F CLAIM DENIED, SUBMITTED BEYOND FILING TIMELINIT, PRIOR FISCAL YEAR DOS (JULY 1 – JUNE	68			
	SANDHILLS CENTE R FOR MH/DD	8329 79 8599	123	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CASNOT BE THE SAME AS THE LMA THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IFPS ATTENDING PROVIDER, PLEASE VERIFY THE F CLAIM DENIED, SUBMITTED BEYOND FILLING THELIMIT, PRICK FISCAL YEAR DOS (JULY 1 - JUNE SEVERE DUPLICATE: SAME ATTD PR	68			
	SANDHILLS CENTE R FOR MH/DD	8329 79 8599 8534	123 111 317 316	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM BENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SEMEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, PLEASE VERIFY THE F CLAIM DENIED, SUBMITTED BEYOND FILING TIMELINIT, PRIOR FISCAL YEAR DOS (JULY 1 – JUNE	68			
	SANDHILLS CENTE R FOR MH/DD	8329 79 8599 8534	123 111 317 316	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CASNOT BE THE SAME AS THE LMA THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IFPS ATTENDING PROVIDER, PLEASE VERIFY THE F CLAIM DENIED, SUBMITTED BEYOND FILLING THELIMIT, PRICK FISCAL YEAR DOS (JULY 1 - JUNE SEVERE DUPLICATE: SAME ATTD PR	68			
	SANDHILLS CENTE R FOR MH/DD	8329 79 8599 8534	123 111 317 316	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CASNOT BE THE SAME AS THE LMA THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IFPS ATTENDING PROVIDER, PLEASE VERIFY THE F CLAIM DENIED, SUBMITTED BEYOND FILLING THELIMIT, PRICK FISCAL YEAR DOS (JULY 1 - JUNE SEVERE DUPLICATE: SAME ATTD PR		1264	8197	6933
	SANDHILLS CENTE R FOR MH/DD	8329 79 79 8599 8534 8518	123 111 317 316 133	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CASNOT BE THE SAME AS THE LMA THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPPS ATTENDING PROVIDER, PLEASE VERIFY THE F CLAIM DENIED, SUBMITTED BEYOND FILING THEILMIT, PRIOR FISCAL YEAR DOS (JULY 1 - JUNE SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	68			
	SANDHILLS CENTE R FOR MH/DD	8329 79 79 8599 8534 8518	123 111 317 316 133	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, PLEASE VERIFY THE F CLAIM DENIED, SUBMITTED BEYOND FILING TIMELINIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD		1264	8197	6933
	SANDHILLS CENTE R FOR MH/DD	8329 79 79 8599 8534 8518 5404	123 111 317 316 133 3021	ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, PLEASE VERIFY THE F CLAIM DENIED, SUBMITTED BEYOND FILING TIMELINIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE SEVERE DUPLICATE: SAME ATTO PR OVYPCODE/TOS/DOS/MOD DETAIL NOT COVERED BY COMBINAT ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE.		1264	8197	6933
3404925	SANDHILLS CENTE R FOR MH/DD	8329 79 79 8599 8534 8518	123 111 317 316 133	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CASNOT BE THE SAME AS THE LMA THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPPS ATTENDING PROVIDER, PLEASE VERIFY THE F CLAIM DENIED, SUBMITTED BEYOND FILING THEILMIT, PRIOR FISCAL YEAR DOS (JULY 1 - JUNE SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD		1264	8197	6933
	SANDHILLS CENTE R FOR MH/DD	8329 79 79 8599 8534 8518 5404	123 111 317 316 133 3021	ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DETAIL NOT COVERED BY COMBINAT ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, PLEASE VERIFY THE F CLAIM DENIED, SUBMITTED BEYOND FILING TIMELINIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE SEVERE DUPLICATE: SAME ATTO PR OVYPCODE/TOS/DOS/MOD DETAIL NOT COVERED BY COMBINAT ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE.		1264	8197	6933

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404927	CUMBERLAND CO M	8599	114	DETAIL NOT COVERED BY COMBINAT				
	HC HC			ION OF RECIPIENT, PROVIDER AND			1	
				BENEFIT PACKAGE.				
		11	55	CLIENT NOT ELIGIBLE ON SERVICE	0	223	2716	2493
				DATE				
		23	19	SERVICE REQUIRES PRIOR APPROVA				
				L				
							1	
3404929	LEE HARNETT MH/	0	0	*** NO DATA TO REPORT ***				
	DD/SAS							
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY	8505	161	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	MNTL HLTHC			NI BUDGEI				
	1	1			 			
		8800	8	FURTHER PROCESSING NECESSARY,	4	173	173	n
				PLEASE CHECK FOR CLAIM ON		213	273	
				FUTURE RA'S.				
		8932	3	CMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404931		11	7.4	CLIENT NOT ELIGIBLE ON SERVICE				
3101331	WAKE CO HUM SVC			DATE				
	BILLING OF							
		21	43	DUPLICATE OF CLAIM-SYSTEM	5	163	730	567
		8534	33	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
				PROVIDER. PERAGE VERIFI INE P				
3404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
	LLS CO MH C							
		0	0		0	0	0	0
2404022		0500	1.50					
3404933	SOUTHEASTERN CT	8599	159	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	R FOR MH/DD			BENEFIT PACKAGE.				
		1			 			
		8621	20	60 RESIDENTIAL LEVEL III TREAT	1	216	1269	1053
				MENT RECEIVED, PA IS REQUIRED	1	210	1203	1000
				FOR ADDITIONAL SERVICE.				
		21	17	DUPLICATE OF CLAIM-SYSTEM				
		-			 			
3404934	ONET ON CAPTERED	11	1296	CLIENT NOT ELIGIBLE ON SERVICE	 			
	ONSLOW CARTERET BEHAV HEAL	1		DATE	 			
	DERAY READ			<u> </u>				
	1				1			
		8599	76	DETAIL NOT COVERED BY COMBINAT	3	1467	2232	765
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0504	5.5					
		8534	55	SERVICE FACILITY LOCATION IS N	ļ			
				OT A VALID IPRS ATTENDING				
	1	1		PROVIDER. PLEASE VERIFY THE F	1	1		
3404935	WANTE OF MESSAGE	0	0	*** NO DATA TO REPORT ***	 			
	WAYNE CO MENTAL HEALTH CTR	1	-		 			
	MARLIN CIK	1			 			
	1			<u> </u>				
			1	1	1			
		0	0		0	0	0	0
		0	0		0	0	0	0

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404936	WILSON-GREENE M	8599	122	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	9	AMTNC INELIGIBLE TO RECEIVE SE	11	137	1176	1039
				RVICES IN IPRS.				
		8518	2	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
3404937	EDGECOMBE NASH	79	81	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING				
	MNTL HLTH C			PROVIDER TYPE AND SPECIALTY IN				
				THOUSEN THE SHE STEETHELD IN				
		21	24	DUPLICATE OF CLAIM-SYSTEM	2	115	2639	2524
		191	5	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		1	 	- LILLAND PARTY				
			 					
3404938	VGFW DBA RIVERS	0	0	*** NO DATA TO REPORT ***				
	TONE COUNSE		İ					
		U	U		0	0	0	0
3404939	NEUSE MENTAL HE	21	66	DUPLICATE OF CLAIM-SYSTEM				
	ALTH CENTER							
	IIIIII CINTIII							
		11	32	CLIENT NOT ELIGIBLE ON SERVICE	0	159	982	823
				DATE				
		8599	31	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404941	PITT CO MH/DD/S	8329	927	CLAIM DENIED ATTENDING PROVIDE				
	AS CENTER			R CANNOT BE THE SAME AS				
				THE LMA				
		8599	482	DETAIL NOT COVERED BY COMBINAT	0.4	1050	5104	24.65
		0333	402	ION OF RECIPIENT, PROVIDER AND	24	1959	5124	3165
				BENEFIT PACKAGE.				
		191	123	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404942	BOSNORE CHOMSON	8599	37	DETAIL NOT COVERED BY COMBINAT				
	ROANOKE CHOWANH UMAN SERVIC		 	ION OF RECIPIENT, PROVIDER AND				
	Jan Danvao			BENEFIT PACKAGE.				
						<u> </u>		
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE	3	43	772	729
				RVICES IN IPRS.				
			—					
		191	1	CLIENT ID NUMBER DOES NOT MATC				
			 	H PATIENT NAME				
3404943	ALBEMARLE MENTA	21	485	DUPLICATE OF CLAIM-SYSTEM				
	L HEALTH CE							
		79	431	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING	69	1111	3592	2481
			 	PROVIDER TYPE AND SPECIALTY IN				
		8599	40	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
	-			BENEFIT PACKAGE.				
		T	1			1	1	

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404944	EASTPOINTE HUMA	21	6799	DUPLICATE OF CLAIM-SYSTEM				
	N SERVICES							
		79	409	THIS SERVICE IS NOT PAYABLE TO	85	7968	15587	7619
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8599	389	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM	8931	25	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				
		0	0		25	25	25	0
3404957	TIDELAND MENTAL	8599	224	DETAIL NOT COVERED BY COMBINAT				
	HEALTH CTR			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8518	99	CLAIM DENIED, SUBMITTED BEYOND	8	387	3766	3379
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		191	44	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404979	NEW RIVER AREAM	8599	812	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SA PRO			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	106	AMTNC INELIGIBLE TO RECEIVE SE	115	1034	7110	6076
				RVICES IN IPRS.				
		11	28	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				